

# One Housing Group Limited

# Burnet House

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Burnet House provides personal care to people living in a 'supported living' setting, so that they can live as independently as possible. People using the service lived in Burnet House, with office accommodation on the same site. The service can support up to five people with learning disabilities. At the time of this inspection five people were living at the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service and what we found

People told us they felt safe living at Burnet House. Staff understood what it meant to protect people from abuse. They told us they were confident any concerns they raised would be taken seriously by the registered manager. Safe procedures were in place to make sure people received their medicines as prescribed. There were enough staff available to ensure people's care and support needs were met. The provider had effective recruitment procedures in place to make sure staff had the required skills and were of suitable character and background.

Staff were provided with an effective induction and relevant training to make sure they had the right skills and knowledge for their role. Staff were supported in their jobs. Staff understood the requirements of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to access relevant health and social care professionals to ensure they were getting the care and support they needed to best meet their needs.

Positive and supportive relationships had been developed between people and staff. People were treated with dignity and respect. Staff were committed to promoting people's independence.

People's care and support was planned and delivered in a way that ensured it met their needs and reflected their preferences. The care records we looked at included risk assessments. They had been devised to help minimise and monitor the risks, while promoting the person's independence as far as possible. We saw people's care records were regularly reviewed with the person.

There were effective systems in place to monitor and improve the quality of the service provided. People and staff told us the registered manager and team leader were supportive and approachable. People and staff were asked for their opinion of the quality of the service via regular meetings. The service had up to

date policies and procedures which reflected current legislation and good practice guidance.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection (and update)

This service was registered with us on 17/09/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the registration date.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Burnet House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since their registration. We sought feedback from the local authority. This information helps support our inspections. We used all this information to plan

our inspection.

#### During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with two members of staff, the scheme manager and the compliance manager.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at staff training and supervision records and records in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe living at Burnet House. One person told us, "I am safe here, staff help me if I need them. I also have a phone when I am out if I need any help."
- Staff we spoke with confirmed they had received training in safeguarding adults from abuse. They were able to explain to us what possible signs of abuse could look like. They were confident any concerns they raised would be taken seriously by management and acted upon appropriately.
- Staff were aware of how to report any unsafe practice. We saw the provider had safeguarding adults at risk policy and procedure. They also had a whistleblowing policy and procedure. These were displayed in the office and in the communal kitchen. Staff we spoke with were aware of them.
- Prior to this inspection we reviewed the safeguarding notifications we had received from the service since registering with the Care Quality Commission (CQC). There was only one and this had been investigated and appropriate action had been taken by management to reduce the risk of repeat events.

Assessing risk, safety monitoring and management

- The provider was responsible for managing small amounts of money for people living at Burnet House. We saw people were encouraged to be part of the monitoring and recording of their spending. People's financial records were also regularly audited.
- Every person had a 'risk assessment and control measures' linked to each of their assessed needs. A management plan was created for each identified risk, such as epilepsy, stranger danger and community access. The risk assessments and associated support plans were person-centred and detailed. Staff had to sign to confirm they had read and understood each risk management plan.
- The service had plans in place for dealing with emergency situations. For example, personal emergency evacuation plans described how each person should be supported in the event of a fire.

Staffing and recruitment

- We saw there were enough staff employed to keep people safe. Every person received a minimum number of hours for support with personal care and additional hours dependent on their specific needs. The amount of care and support people needed was assessed by the local authority social workers prior to the person moving in. However, the scheme manager told us that they would contact the social worker if support needs had changed. One person said, "Most of the time there are enough staff, but sometimes I have to wait a bit, but this is no problem."
- The service followed safe recruitment practices. We saw that appropriate recruitment checks such as references and Disclosure and Barring Service (DBS) checks had been carried out. A DBS check is a record of a person's criminal convictions and cautions – carried out by the Disclosure and Barring Service.

### Using medicines safely

- People's medicines were stored safely and securely in their homes. People told us they were happy with the support they received with their medicines.
- Some people required minimal help to take their medicines and we saw that risk management plans were drawn up together with them.
- Staff had received training in medicines management and we saw their competency in this area was checked. Medicines audits were undertaken by the registered manager and senior care staff.

### Preventing and controlling infection

- There were systems in place to reduce the risk of the spread of infections. We saw hand sanitizers, single use gloves and aprons were available and used by staff at appropriate times.
- People were encouraged and supported by staff to keep their homes clean and tidy.

### Learning lessons when things go wrong

- The scheme manager showed us the incident reporting folder. Forms were completed at the time of the incident. Records were detailed, and it was evident that the registered manager had acted to reduce the risk of similar incidents happening in the future. The registered manager kept an overview of all incidents reported to share common themes and any learning with staff.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Information from people, their relatives and other health and social care professionals helped to inform the initial assessment of people's needs and whether Burnet House was the most suitable place for them to reside and be supported.
- People as far as possible were fully involved in developing their care plans to ensure their preferences were met. This included support required in relation to their culture, religion, likes, dislikes and preferences.
- People's preference for staffing was considered and rotas were changed to accommodate people's staffing wishes.

Staff support: induction, training, skills and experience

- Staff received an induction and training considered mandatory by the provider to carry out their roles confidently and effectively. Staff who were new to health and social care told us the induction gave them the knowledge, skills and behaviours expected for specific job roles within the service. One staff member said, "The induction was very helpful and helped me to understand my role, but also helped me to understand what the organisation expects of me." The training received included, first aid, health and safety, infection control and safeguarding adults.
- There were appropriate systems such as supervisions and competency checks to help ensure staff were supported in their roles and given the opportunity to identify areas for professional development. The team leader told us, that once staff had reached their anniversary of employment an annual appraisal would be arranged.
- People felt staff were appropriately trained to carry out their roles. One person said, "The staff are great, they helped me to learn new skills."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported in choosing and preparing their meals. People were asked what they would like to eat. One person spoke highly about how staff taught him to cook a meal independently from scratch.
- If needed, people's weight was monitored and appropriate referrals to the appropriate healthcare professionals were made.
- People told us they enjoyed the food. One person said, "I can always ask for help with cooking, but sometimes I just want to have a take away or make something in the oven."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked well together, and handovers were effective in ensuring staff had the information they

needed to provide consistent and timely support.

- People had access to healthcare professionals.
- People's health was monitored and referrals for specialist advice from professionals including speech and language therapists and occupational therapists, were made promptly when required.

Adapting service, design, decoration to meet people's needs

- The service was spacious and provided several safe communal areas people could use to engage with others or relax in. A garden provided pleasant area for people to spend time outdoors.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access health and social care services as and when required. Records confirmed that people were regularly seen by health care professionals to address any chronic health care conditions. One person said, "Staff will go with me to see the doctor."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- The scheme manager and staff demonstrated a good understanding of the MCA. The scheme manager had sought guidance from the local authority's Deprivation of Liberty (DoLS) assessment team to ensure the service's practices met with legislation.
- People were supported to have as much choice as possible about their daily routine, for example what time they got up and settled for bed, and how and where they spent their day and what and when they ate.
- Where people lacked the capacity to make certain decisions, assessments had been undertaken and best interests' decisions made on people's behalf.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed staff consistently interacted with those who lived at Burnet House in a caring and friendly way. People we talked with confirmed staff had a kind approach. One person said, "They [staff] are very good. They help me when I need help."
- Staff had received equality and diversity training to enhance their awareness of people's diverse needs and human rights. One person commented, "They help me to get food I like. I also can be whoever I want to be."
- Staff spoken with were clear in how to meet people's diverse needs. They told us they were happy to support people no matter what their backgrounds or preferences were, and they supported people to do whatever they wanted to do.

Respecting and promoting people's privacy, dignity and independence

- People stated staff maintained their privacy and dignity. They said they felt comfortable and relaxed at Burnet House. One person told us, "I like living here. I am very happy here. I enjoy living away from my family for the first time."
- We saw people's records were securely stored to protect their privacy. Staff constantly knocked on doors before entering to respect each person's personal space. One person said, "They [staff] always will knock and do respect my own space."

Supporting people to express their views and be involved in making decisions about their care

- We found care records evidenced people were at the heart of their support planning. This focused on helping everyone set their own goals to maximise their independence. Each area of care had been agreed and signed by people who received support.
- Staff promoted people's independence as much as possible by supporting them to manage as many aspects of their own care that they could. One person said, "They [staff] are open to help whenever I need it. They [staff] helped me to become a better cook."
- When we discussed involvement of people in their care planning, they confirmed their views were consistently sought. One person stated, "I have a care plan and we chat about it and discuss what I want to do in the future."
- People had access to advocacy services if they wished to use them.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were involved in decisions about how they wanted to receive their care. A person said, "Yes, I receive the care the way I want it. There is time to sit down with staff and discuss what I want to do."
- People's care plans were personal to them and included people's preferences. For example, a person had been supported to manage a chronic condition safely. This had a positive impact on the person as the condition was now managed more safely.
- People said that the staff would assist them when they needed support and the care provided was flexible and met their needs.
- We saw that people lived an active life and staff were available to support them to access their chosen activities in-house or in the community. We asked one person if the care met their needs. The person said, "The care is the care I want and need."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We saw information, such as care plans, was provided in suitable formats such as clear large print and pictorial to ensure it complied with the Accessible Information Standard (AIS). This helped to ensure people with a disability or sensory loss can understand information they are given. People we spoke with told us they had copies of their care records in their homes.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. One relative told us, "If I had any issues I would talk to [managers name], but I have never needed to."
- The team leader told us they had not received any complaints since registering with the CQC. They told us if someone would make a complaint, they would write to the person making the complaint and explain what actions they planned to take and keep them fully informed throughout.
- Staff told us that complaints were encouraged and that they were a good way to improve the service and learn lessons.

End of life care and support

- None of the people using the service required support with end of life care.

- People's end of life wishes formed part of their care plan if they wanted to discuss them with staff.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People, staff and relatives were involved in making decisions about how the person-centred planning was promoted. A relative we spoke with said, "The manager and team leader would always include us in how my relative is supposed to be cared for. We were also involved in setting up his care plan."
- We saw copies of meetings with people, showing how they were consulted on the care and supported they received.
- There was a positive atmosphere at the service. We saw people and staff interacting with each other throughout the day and enjoying each other's company. A person told us, "The manager and staff are around for a chat. It's nice here."
- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a registered manager who also managed additional supported living services run by the registered provider. In the registered manager's absence, a team leader was available for the day to day management of Burnet House.
- The registered provider had effective systems in place to assess, monitor and improve the quality and safety of the service. The staff and management team completed audits in relation to health and safety, fire safety, medicines and cleaning. Action required had been completed.
- The registered manager visited the service regularly to provide support and to ensure compliance with the provider's policies and procedures.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered provider sought feedback from people using the service, family members, staff and professionals and the responses had been positive.
- People were supported to use local community facilities, which promoted equality and inclusion.

#### Continuous learning and improving care

- The service reviewed information to drive up quality within the organisation. The registered provider's internal quality assurance team completed regular visits to the service and sent out regular information to improve the knowledge on current practice to all services to support quality improvements.
- The registered provider also held regular managers' meetings and training to share up to date good practice.

#### Working in partnership with others

- The service worked in partnership with community health professionals and organisations to meet people's needs and drive up the quality of the service.